The Role of First-Line Managers in Healthcare Change Management: A Ghanaian Context

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Abstract:

One of the key concerns in healthcare management is the management of change. The ability to change, adapt and evolve is the only sustainable competitive advantage in today's healthcare environment. Managing change effectively requires a system of actors, all moving in unison and fulfilling different roles. One actor vital to organizational change success, but neglected both in research and in practice is the first-line manager. Employing cross-sectional survey, this study surveyed 54 first-line managers of two hospitals in Ghana to understand the actual role first-line managers assume during the implementation of change. Secondary objectives were to: identify the skills and competencies these managers need, key challenges they face, and the level of support they receive from top managers in the performance of their change management roles. Six key roles were identified: information diffusion, change advocacy, employee training and development, liaison, resource allocation, and supervision. Technical competencies, effective communication, ability to coach staff through change, problem solving skills and conflict management, and effective team building and team leadership were the five important competencies considered by the first-line managers. Top management support was low, while inadequate training was found to be the main barrier/challenge to the first-line managers' change management role. With these findings, healthcare managers and policy makers can design appropriate training programmes for lower level managers and invest in their training and development to benefit enormously from the important role they assume during change efforts.

Key words: Change management, first-line manager, organizational change, healthcare

Introduction

The business environment continues to be complex, dynamic and very competitive. Citizens have become more vocal regarding the type and quality of goods and services they receive. Technology is changing rapidly to the extent that organizations' work practices soon become outdated. The impact of the new global economy has put pressure on organizations to do more with less. The environment of public, private, and not for profit organizations is changing rapidly, resulting in new requirements and demands daily. Consequently, it is only organizations that develop creativity and flexibility to adapt to the constant changing events that thrive in this turbulent business environment [1]. Initiation of change helps organizations in strengthening their financial positions, as well as meeting the demand and expectations of their customers and various stakeholders [2].

In the healthcare industry, an effectively led change is integral to improving standards, quality, and patient outcomes [3]. Longenecker & Longenecker [4] have argued that healthcare executives are facing changes of unprecedented magnitude, and it will be an understatement to say that hospitals and healthcare systems are in the midst of revolutionary change in this 21st century. The ability to change, adapt and evolve has been noted as the only sustainable competitive advantage in today's healthcare environment [5,6].

Effective implementation of change requires that different organizational players play distinct roles in the process [5]. Thus, it is imperative for the leadership of an organization to ensure effective

change management at all levels within the organization. One level of an organization where effective change management is more important is the frontline, where employees interact with customers and clients. The first-line manager (FLM), who influences the very people responsible for ensuring high quality products and services, is a critical factor in the provision of excellent products and services. Hutchinson & Purcell [7] argue that because of their proximity and frequent interaction with employees, FLMs have the potential to significantly influence employee attitude and behavior. Freed & Dawson report that first-line nurse leaders are often responsible for setting the pace for strategic plan implementation.

In spite of the established evidence that FLMs play a pivotal role in organizational effectiveness, particularly in change management; this group of managers is yet to be given the needed attention both in research and in practice [7,8]. Health service researchers investigating the role and change management competencies of health professionals have predominantly focused their attention on top managers, senior executives and physicians [8,9]. Senior managers do not support FLMs adequately in the performance of their roles [7,9,10]. It is rare for them to be even identified as special group of people deserving attention in healthcare organizations [7,11].

The above problems have resulted in lack of role clarity for FLMs [12]. There is also not yet clearly defined competency or a single approved programme for the role of these managers [13]. What is happening in the current healthcare environment is that most FLMs are made to learn through trial and error or on-the-job training, which falls short of an effective leadership development [13]. In effect, FLMs lack the requisite competencies and skills to meet the challenges and other organizational imperatives [8]. Yet, available evidence suggests that the effectiveness of organizational change depends on the ability and willingness of these managers to implement the proposed change on the frontline [8,12].

The purpose of this study was to examine the role of healthcare FLMs in change management within the context of Ghana. In addition, the study sought to identify the skills and competencies these managers need, key challenges they face, and the level of support they receive from top managers in the performance of their change management roles. The aim was to help researchers, policy makers and healthcare managers recognize the key role this group of managers assume during change, and invest in their training and development to make them more effective.

Theoretical Background
Change management is the process by which an ideal state of an organization is realized. It starts with creating a vision for change and then empowering individuals to act as change agents to attain this vision [14]. During the process of organizational change, there are many participants whose roles have been classified into four main categories: sponsors (those who legitimize the change), change owners (individuals who reinforce the importance of the change in their areas of responsibility), change managers (people who track the tasks in the project plan to ensure that the change happens), and process owners (the actual executors of the change) [15]. An effectively led change requires that each of these roles is addressed comprehensively in the change management plan [16].

By their positions in organizations, FLMs may assume more than one of these roles in a change process. Their obligations may include: communicating information about the change to frontline employees; demonstrating their personal support for the change; participating in the training of employees; collaborating with colleagues and team managers to implement the change; and identifying and managing resistance in their areas of responsibility [16].

Their ability to respond appropriately requires a set of skills and competencies. For instance,

managerial skills and competencies such as effective communication and listening, coaching, human relations, networking, problem solving and effective team leadership are required [17]. Other essential skills and competencies needed include: technical competencies, ability to secure stakeholder commitment, work scheduling, and capacity to cope with change [16].

With the requisite skills and competencies, these managers can perform to the optimum of their ability if they have sufficient access to organizational empowerment structures [16,18],

measured by an employee's awareness of empowering work conditions such as information, support, and resources. Hence, the obligation of top management in a change process is to create conditions for work effectiveness by ensuring that these lower level managers have access to information, support, and resources needed to accomplish assigned tasks [18]. Within empowered work environments, FLMs are able to motivate and empower others to achieve organizational effectiveness [18]. The theoretical framework of the study is summarized in **Figure 1**.
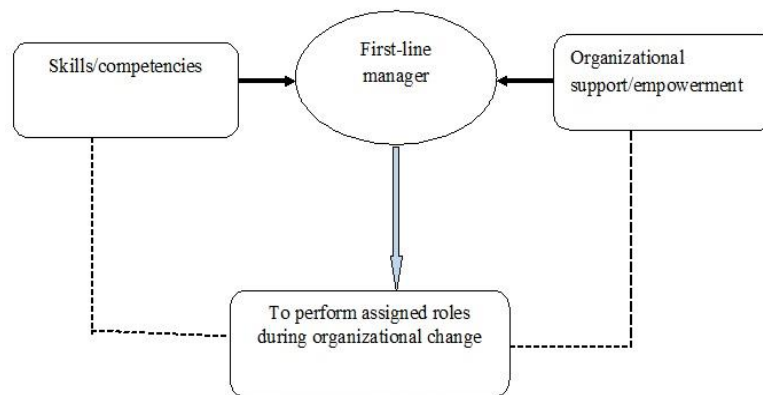

Figure 1. Conceptual framework

Research Questions

The research questions the study sought to answer were as follows:

1. What key role do first-line managers play in the management of change in healthcare organizations?
2. Which competencies and skills are important to first-line managers' change management role in healthcare?
3. Are there any challenges faced by first-line managers as they play their role in change implementation in healthcare organizations?
4. What is first-line managers' perception about the level of support and empowerment they receive from senior

managers during the implementation of change?

Methods

The Study

A cross-sectional survey, using structured interview, was conducted among FLMs of two mission hospitals: West Gonja Hospital and St. Dominic Hospital, all members of the Christian Health Association of Ghana (CHAG) and managed by the National Catholic Health Service (NCHS). The two facilities serve as district hospitals of their respective districts. Profiles of these two hospitals are provided in **Table 4** in the **Appendix**. Three main reasons motivated the researchers to select the hospitals for the study: convenience (access to

the employees to collect data), strategic locations (Northern and Southern Ghana - providing the opportunity of studying employees sharing almost all the characteristics of first-line healthcare managers in Ghana), and change management experience (the hospitals had gone through varying degrees of change such as services expansion, quality improvement initiatives, restructuring, and human resource management reforms).

Measurement Instrument

A questionnaire was developed for the purpose of this study. Information from the background literature and other relevant documents read during the literature review was used to develop the questionnaire. The survey instrument consisted of five main sections. The first section was made up of five closed-ended questions designed to collect demographic data of the respondents. The second part was an open-ended question to explore the respondents' role in change management. Four-point and five-point Likert scales were used to design the third and the fourth sections respectively. With the third section, the respondents were asked to rate the extent to which they considered 11 competencies and skills significant to their role during the implementation of change. In the fourth section, the respondents were asked to indicate whether they agreed or disagreed with four statements assessing the level of empowerment and support they received from their senior managers. The final section was about six themes exploring the challenges faced by these lower level managers in the performance of their role during change implementation. The respondents were asked to rate, on a scale from 1 to 10, the extent to which each of the themes constituted a challenge to them.

Using expert driven and respondent driven pre-test techniques[27] the survey instrument was validated before the actual administration. First, six management experts were asked to go through the entire survey and rate the extent to which, in

their assessment, each item reflected the research question it was meant to answer. The survey items with low ratings were refined using the recommendations and suggestions provided by the experts. The refined questionnaire was then pretested on a subsample (15 ward managers in September, 2014) of the study population. After the respondents had completed the survey, the authors reviewed each survey item with them individually, and asked them to remark about their understanding of the entire exercise and what they found confusing or misleading about the survey questions. The authors paid particular attention to question wording, direction, response categories and comprehensiveness of the measurement instrument when analyzing the supplied information for the final revision of the questionnaire. The pre-test enabled the authors to ensure that the survey items were clearly articulated, relevant, and comprehensive. The exercise also afforded the authors the opportunity to evaluate the respondents' understanding of the topic being studied. What Converse and Presser [20] describe as the highest concern in survey design, '*researchers and respondents interpreting survey in the same way',* was thus achieved.

Sampling and Data Collection

The study population consisted of 63 FLMs identified in the two hospitals (23 from West Gonja Hospital and 40 from St. Dominic Hospital). The authors adopted Hutchinson and Purcell's definition of who a FLM is to define the study population, that is, '*a manager with direct supervisory responsibility for non-managerial employees, and occupies the lower level of management hierarchy'* [7]. Purposive sampling technique was used to select respondents (FLMs) who could provide the relevant data to answer the research questions. Eligibility criteria included: 1) the respondent was a lower level manager; 2) the respondent had taken part in the implementation of, at least, one major change project; and 3) the respondent supervised only employees with no managerial responsibility. Respondents were

excluded if they had: a) no prior experience in organizational change implementation, b) no managerial responsibility, and c) under their supervision employees with other managerial duties. Face-to-face structured interview was employed to collect both qualitative and quantitative data for the study.

Data Analysis

The quantitative data were analyzed descriptively (mean scores and percentages) whereas the qualitative data were summarized based on the emergent themes. The analysis was grouped into five main sections: 1) demographic characteristics of the respondents, 2) FLMs' change management role, 3) FLMs' change management role competencies and skills, 4) management support and empowerment, and 5) FLMs' change management role challenges. Each Likert item used in the study received a score ranging from 1 (strongly disagree) to 5 (strongly agree) for the 5 point Likert items, and 1 (not important) to 4 (very important) for the 4 point Likert items. Responses to the 5 point Likert items were summed up and converted into a percentage of the maximum possible scale to yield an overall support/empowerment score.

Ethical Issues

Approval was obtained from the National Catholic Health Service of Ghana (the body that oversees the operations of the two hospitals); while permission was sought from the management of the two hospitals before the authors commenced the study. All the respondents were provided with adequate information which enabled them to give their informed consent before they were asked to provide data for the study.

Results

Out of the 63 FLMs identified, nine could not meet the inclusion criteria for lack of change management experience. In total, 54 FLMs were surveyed. See **Figure 2** in the **Appendix** for more details on how respondents were selected.

Male respondents were 19 constituting 35% of the total respondents while female respondents were 35, making up of 65% of the total respondents. Mean age of the respondents was 39 years. The majority of the respondents had either degree or diploma qualification (n= 50), with only four having postgraduate degree. In terms of profession, 64.8% were nursing staff (n = 35), 3.7% were pharmacists/pharmacy technicians (n = 2), 3.7% constituted biomedical scientists/laboratory technicians (n = 2), 5.6% were biomedical engineers (n = 3), 3.7% were biostatisticians (n = 2), and the remaining 18.5% were administrative and support staff – accountants (n = 2), executive officers (n = 3), human resource officers (n = 2), and estate and transport officers (n = 3). The majority of the respondents (n = 43) indicated that they had spent more than 10 years working in their respective hospitals.

First-line Managers' Change Management Role

The respondents were asked to outline their main tasks and duties during the implementation of a major change in their organizations. Their responses were summarized under six themes constituting six change management roles of FLMs as presented in **Table 1**.

First-Line Managers' Change Management Skills and Competencies

To understand FLMs' change management competencies and skills, the respondents were asked to rate the extent to which 11 competency items were important to the performance of their change management roles. The five most important change management competencies and skills considered by the respondents were: technical competencies (63% rated as very important whilst 37% rated as important), effective communication (39% very important and 50% important); ability to coach staff through change (28% very important, 46% important), problem solving skills and conflict management (28% very important, 41% important), and

effective team building and team leadership (30% very important, 31% important). **Table 2** displays the order of importance and the mean scores of the 11 competencies and skills used in the study.

Table 1 FLMs change management roles

Role	Tasks/Activities
Information Diffusion	Communicating impending change to front-line employees
	Providing employees with facts and information necessary to implement the change
	Providing feedback to senior managers regarding the change implementation status
Change Advocacy	Reinforcing the need for change
	Demonstrating support for the change
	Convincing employees to fully participate in the implementation of the change
Employee Training & Development	Identifying change management training needs of employees
	Facilitating the training of employees
	Training employees
Liaison	Making contacts with colleagues and senior level managers
	Networking with stakeholders and external parties
	Co-ordinating activities
Resource Allocation	Distribution of tools, equipment and other resources to frontline employees to execute the change
Supervision	Planning and work scheduling
	Coaching staff
	Monitoring and tracking the tasks in the change management plan

These roles are not in any particular sequence.

Table 2 Skills/competencies important to first-line managers' change management role (mean score) (n = 54)

Competency	Mean Score
Technical competencies	3.63
Effective communication	3.28
Ability to coach staff through change	2.94
Problem solving skills/Conflict management	2.85
Effective team building and team leadership	2.76
Work scheduling	2.7
Human relations	2.69
Networking skills	2.67
Effective listening	2.56
Capacity to cope with change	2.44
Securing stakeholder commitment	2.2

The respondents did not consider capacity to cope with change (31% somewhat important and 19% not important) and securing stakeholder commitment (41% somewhat important not 22% not important) as important competencies to the performance of their change management roles.

Management Support and Empowerment

The respondents indicated that they were not adequately supported and empowered to carry out their role during change implementation (mean score on a 100-point scale = 35.9). Seventy-eight per cent (n = 44) believed they did not receive the necessary training and support to enable them do their job more effectively in periods of change; 76% (n = 41) indicated that they were not perceived by top management as key partners in their organizations' change management projects; 56% (n = 30) stated that they received inadequate information to carry out their role; and 50% (n =

27) disagreed that they had all the tools they needed to perform their role effectively in change management projects.

Role Challenges/Barriers

Inadequate training was considered by the respondents as the main challenge to the performance of their change management role (mean score on a 10-point scale = 7.68). This was followed by role conflict and ambiguity (mean score = 7.25), lack of support from senior management and colleagues (mean score = 6.68), and heavy workload and stress (mean score = 6.42). Lack of resources (mean score = 4.82) and lack of personal motivation to continue on (mean score = 4.32) were not considered by the respondents as major barriers to the performance of their assigned tasks during the implementation of change (**Table 3**).

Table 3 Role Challenges/Barriers of the First-Line Managers (mean score) (n = 54)

Challenge/barrier	Mean Score
Inadequate training	7.68
Role conflict and ambiguity	7.25
Lack of support from senior management and colleagues	6.68
Heavy workload and stress	6.42
General lack of resources	4.82
Lack of personal motivation to continue on	4.32

Discussion

The primary purpose for conducting this study was to discover the change management roles of FLMs in healthcare organizations. Six FLMs' change management roles emerged from the thematic analysis: information diffusion, change advocacy, employee training and development, liaison, resource allocation, and supervision.

Comparing the results with Dittmann and Mello's organizational change management roles [15], the

FLMs could be seen as performing two main roles: change owners (reinforcing the importance of the change in their areas of responsibility) and change managers (tracking the tasks in the project plan to ensure that the change happens). Macphee and Suryaprakash [12] studied 133 first-line nurse leaders and found that the managers initiated and implemented projects successfully, thereby fulfilling the change sponsor's role [15]. Whereas the change studied by Macphee and Suryaprakash could be described as micro-change (initiatives launched by lower level managers), the focus of

this study was on macro-change (initiatives introduced by senior managers). This therefore explains why change sponsorship was not found as part of the FLMs' roles.

Employee training and development role has been highlighted by Hutchinson and Purcell [7] in a case study they conducted to ascertain the role of FLMs (ward managers) within the context of the UK. The authors found a wide range of human resource responsibilities being performed by the ward managers including recruitment and selection. On the contrary, the FLMs in this study did not indicate recruitment as part of their duties. In Ghanaian healthcare organizations, decision to recruit is the sole responsibility of top management, while the actual recruitment is a function of a centralized HR department. Lower level managers do not have it within their remit to recruit. It is therefore not surprising that the managers did not mention recruitment as part of their change management tasks.

Presenting a theory of middle managers' role in healthcare innovation implementation, Birken, Lee and Weiner [20] argue that information diffusion and selling innovation implementation (which can be equated to our change advocacy role) are part of the key roles performed by middle managers. Our study has demonstrated that FLMs also perform these roles. This thus supports Hale's position that managerial responsibilities have now been distributed, with FLMs performing some of the tasks previously performed by middle managers [21]. In their study to explore how FLMs implement change, Moen and Core [3] also asserted that the role of the change agent is shifting from senior managers to managers on the frontline.

As one of the most important and yet difficult leadership responsibilities, change management requires an array of operational, relational and strategic competencies [22]. The FLMs considered technical competencies, effective communication, ability to coach staff through change, problem solving skills and conflict management, and effective team building and team leadership skills as the most important competencies to their change management roles. The findings confirm Katz's postulation that technical skills are of greatest importance to first-line management role [23]. Lombard and Crafford [24] argue that FLMs need to have a comprehensive understanding of a change being implemented so they could facilitate its implementation in their areas of responsibility. The findings also correspond with other findings that effective communication and problem solving skills [6], effective team building and team leadership 6,18], and capacity to coach staff through change [8] are major competency requirements of FLMs in their change management roles.

This study is further consistent with the literature that senior managers do not support FLMs adequately in the performance of their roles [7,10]. One thing that must be noted is that even if employees have the requisite competencies and skills, they cannot perform to the optimum of their ability if they are not given access to empowerment structures [26]. FLMs require active support (provision of resources, recognition, time and role clarity) from their senior managers in order to succeed.[7,18] Lombard and Crafford [24] postulate that FLMs cannot facilitate change effectively in their areas of operation without adequate organizational support.

Provision of adequate training and development is one of the effective ways of employee empowerment. As confirmed by this study, FLMs receive little training which does not prepare them adequately to assume leadership responsibilities. While senior managers receive the most training, frontline managers receive the least. Harvard Business Review (2014 edition) has indicated that 14% of senior level managers and executives surveyed believe their FLMs receive the requisite training and development to perform their duties. A survey by the Mckinsey & Company (2010) has also revealed that while 27% of frontline employees receive extensive training and

development, only 9% of their supervisors, FLMs receive such training. This situation is the indictment of FLMs' lack of the requisite competencies to carry out their assigned roles effectively [8].

Conclusion

One of the key challenges in healthcare management is the effective change management [27]. Unsuccessful change implementation has been attributed partly to the lack of recognition of the role of frontline managers in the whole change management process [28]. Failure to recognize and empower FLMs who actually implement policy initiatives often results in a gap between policies introduced and what actually happens on the ground [29].

By investigating the role of FLMs in healthcare change management, this study has presented an opportunity for improvement in the rate of successful implementation of policy initiatives in health care organizations, particularly in Ghana. Senior managers need to move beyond the negative stereotypes of these managers and recognize and develop their key strategic roles. FLMs must be empowered to solve problems and drive change and innovations on their own initiatives. They must no longer be seen as managers just implementing middle and senior management directives, but as intermediaries between management and employees to shape and drive service developments and strategic directions. Organizations must equip them with the requisite knowledge and skills to manage, co-ordinate and lead change in their areas of responsibility. Senior managers must provide them with the right type and amount of information to enable them understand the change being implemented. With that they can reinforce the necessity for change in their respective units, thereby helping to overcome employees' resistance. Equal importance should be placed on developing both hard and soft skills of FLMs. While hard skills will equip them to plan, organize and co-ordinate change management activities; soft skills

such as coaching, leading, and conflict resolution will enable them to effectively engage, persuade, motivate and empower frontline employees to actively participate in the change being implemented.

Generally, there is a dearth of empirical information discussing what effective change managers actually do. Change management literature tends to be more prescriptive [30]. This study has therefore added to the few management studies that have examined empirically what managers do in general during change initiatives. To the best of the authors' knowledge, this study represents the first to investigate the role of FLMs in change management in Ghanaian healthcare organizations. Also, the research is among the few published studies that have explored the role of both clinical and non-clinical FLMs in the health sector. That notwithstanding, the study is not without limitations. First, the small sample size employed might affect the quality of the findings. A large sample size drawn from many hospitals across the country would have been appropriate, but this could not be possible owing to resource constraints. Second, the method (cross-sectional survey) adopted by the authors resulted in self-reported responses from the respondents. As FLMs work with cases, a case-study approach would have given the authors the opportunity to do an in-depth investigation into their change management role. Finally, as the study of the role of lower level managers is context specific [7], generalizing the findings to other contexts beyond the study hospitals in particular and Ghana in general might not be all appropriate. To this end, large scale studies across the country employing case study methodologies to investigate FLMs' role will be necessary.

References

[1]   Burnes, B. (2004) *Managing change: a strategic approach to organisational dynamics* (4th ed.). Harlow: Prentice Hall.

[2] Lumsdon, K. (1996) Deals that went down the drain. *Hospitals & Health Networks, 70*(5).

[3] Moen, C., & Core, G. (2012) Demystifying ward nurse manager's approach to managing change. *The International Journal of Clinical Leadership*, 17, 251-9.

[4] Longenecker C.O., Longenecker P.D. (2014) Why hospital improvement efforts fail: a view from the front line. J Healthc Manag. 59(2):147-57.

[5] Caldwell, D.F., Chatman, J., O'Reilly, C.A., Ormiston, M., & Lapiz, M. (2008). Implementing strategic change in a healthcare system: the importance of leadership and change readiness, *Healthcare Management Review*, 33(2), 124-133.

[6] 5.Mariotti, J. (1998). 10 steps to positive change. *Ind Week*, 247 (82). *International Journal of Public Sector Management*, 149 (10), 94-110.

[7] Hutchinson, S., & Purcell, J. (2010). Managing ward managers for roles in HRM in the NHS: overworked and under-resourced. *Human Resource Management Journal*, 20(4), 357-374.

[8] Sherman, R.O., Schwarzkopf, R. & Kiger, A.J. (2011) Charge nurse perspectives on frontline leadership in acute care environments. *International Scholarly Research Network*, 2011. doi:10.5402/2011/164052.

[9] Helfrich, C.D., Weiner, B.J., McKinney, M.M., & Minasian, L. (2007). Determinants of implementation effectiveness - adapting a framework for complex innovations. *Medical Care Research Review*, 64, 279-303.

[10] Innes, A., Macpherson, S., & McCabe, L. (2006). *Promoting person-centred care at the front line.* York: Joseph Rowntree Foundation

[11] Buchannan, D.A., & Macaulay, S. (2013). *Let's do more with less*, TJ.

[12] MacPhee, M., & Suryaprakash, N. (2012). First-line nurse leaders' health-care change initiatives. *Journal of Nursing Management*, 20, 249-259

[13] Phillips, N., & Byrne, G. (2013). Enhancing frontline clinical leadership in an acute hospital trust. *Journal of Clinical Nursing*, 22(17-18), 2625-2636.

[14] Lorenzi M.N., Riley R.T. (2000) Managing change: an overview. J Am Med Inform Assoc., 7(2): 116-124.

[15] Dittmann, P.J., & Mello, J.E. (2007). Change management. *In handbook of global supply change management*. Thousand Oaks: Sage Publications.

[16] Ionescu EI, Merut A, Dragomiroiu R. Role of managers in the management of change. *Procedia Economics and Finance* 2014; 16: 293-298.

[17] Baesu C, Benjinaru R. Leadership approaches regarding the organizational change. The USV *Annals of Economics and Public Administration* 2014; 13(18).

[18] Lussier, R.N. (2006). *Management fundamentals: concepts, applications, skills development.* Thompson South-Western: USA.

[19] Converse, J. M., & Presser, S. (1986). *Survey questions: handcrafting the standardized questionnaire*. Beverly Hills: Sage Publications

[20] Birken SA[1], Lee SY, Weiner BJ. Uncovering middle managers' role in healthcare innovation implementation. *Implement Sci.* 2012 Apr 3;7:28.

[21] Hales, C. (2005). Rooted in supervision, branching into management: continuity and change in the role of first line manager. *Journal of Management Studies,* 42: 3, 471–506.

[22] Yukl, G. (2006) *Leadership in organizations* (6th ed.). Pearson Education, Upper Saddle River, NJ

[23] Katz, D., & Kahn, R. (1966). *The social psychology of organisations*, John Wiley, New York

[24] Lombard, C.N., & Crafford, A. (2003). Competency requirements for first-line managers to deal with resistance to change. *SA Journal of Human Resource Management*, 1(1), 42-52.

[25] Duffield, C. (1989) The competencies expected of first-line nursing managers – an Australian context. *Journal of Advanced Nursing*, 997-1001.

[26] Laschinger HK. Effect of empowerment on professional practice environments, work satisfaction, and patient care quality: further testing the Nursing Worklife Model. J Nurs Care Qual. 2008;23(4):322-30.

[27] Al-Abri, R. (2007). Managing change in healthcare. *Medical Journal*, 22 (3), 9-10.

[28] Birken SA1, Lee SY, Weiner BJ. Uncovering middle managers' role in healthcare innovation implementation. *Implement Sci.* 2012 Apr 3;7:28.

[29] Hall, S. (2012). *Fostering leadership to drive change*. Women Grow Business.

[30] Jones, M.L. (2010). *What do managers do during major organizational change?* The Clute Institute for Academic Research, Littleton, Co., 1-16.
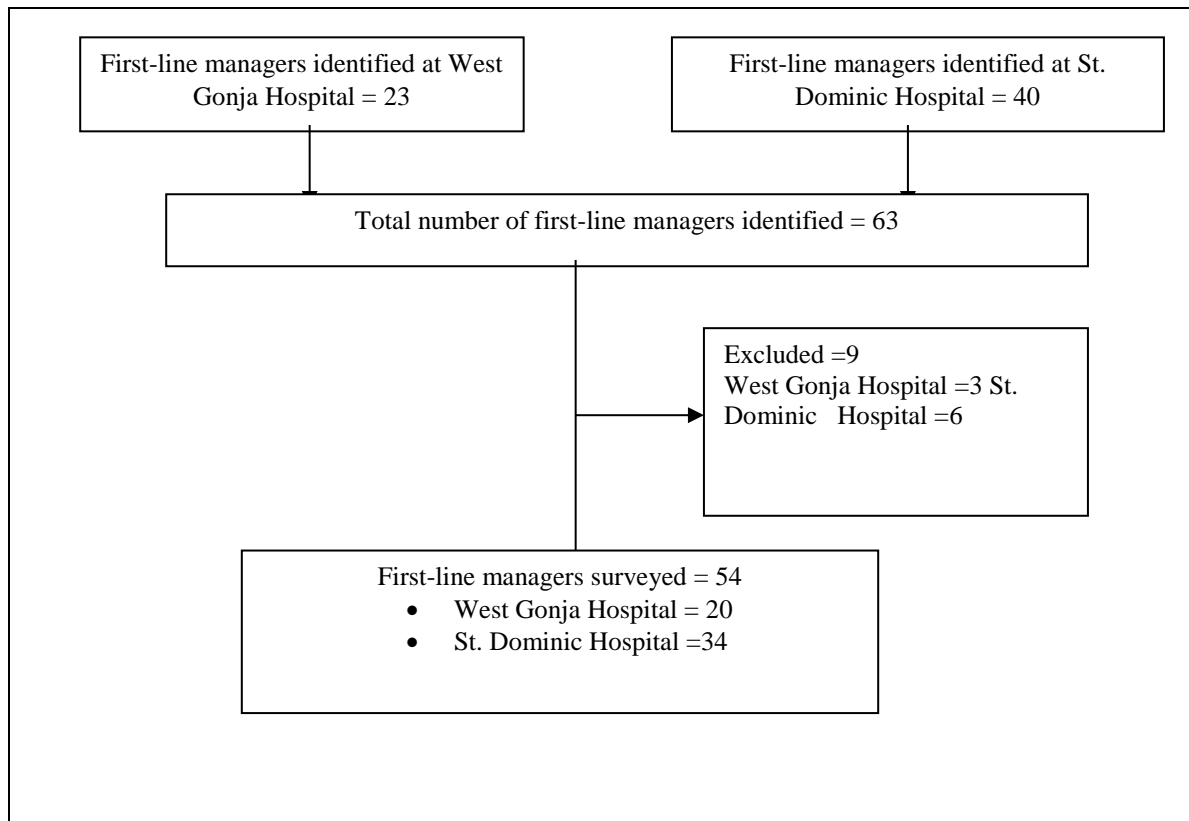
Appendix


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┌─────────────────────────────┐      ┌─────────────────────────────┐
│ First-line managers          │      │ First-line managers          │
│ identified at West Gonja      │      │ identified at St. Dominic     │
│ Hospital = 23                 │      │ Hospital = 40                 │
└─────────────────────────────┘      └─────────────────────────────┘

        ┌──────────────────────────────────────────────┐
        │ Total number of first-line managers            │
        │ identified = 63                                │
        └──────────────────────────────────────────────┘

                          ┌─────────────────────────────┐
                          │ Excluded =9                  │
                          │ West Gonja Hospital =3 St.   │
                          │ Dominic   Hospital =6        │
                          └─────────────────────────────┘

        ┌──────────────────────────────────────────────┐
        │ First-line managers surveyed = 54              │
        │   • West Gonja Hospital = 20                   │
        │   • St. Dominic Hospital =34                   │
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Figure 2. Selection process of study respondents

Table 4. Profiles of the two study hospitals

	St. Dominic Hospital	**West Gonja Hospital**
Hospital type	Missionary hospital	Agency hospital- building infrastructure owned by government, managed by the Catholic Church
Location	Akwatia, Eastern region of Southern Ghana	Damongo, Northern Ghana
Status	District hospital and referral center	District hospital and referral center
Number of employees	518	169
Number of beds	450	120
Service provision	24 hour emergency and therapeutic services; specialist care in visceral surgery, pediatrics and neonatology, obstetrics and gynecology, general medicine and HIV medicine, ophthalmology, dental, and public health/primary health care.	24 hour emergency, OPD, and inpatient services (laboratory services, radiological services, eye care services, reproductive and child health Services, ,and anti-retroviral treatment (ART)/prevention of mother to child transmission (PMCT) services)

Table 5. Respondents' responses to their change management skills and competencies

Competency	Not Important	Somewhat Important	Important	Very Important	Mean Score
Securing stakeholder commitment	12	22	17	3	2.20
Effective communication	-	6	27	21	3.28
Effective listening	9	16	19	10	2.56
Networking skills	8	15	18	13	2.67
Effective team building and team leadership	7	12	23	12	2.70
Capacity to cope with change	10	17	20	7	2.44
Ability to coach staff through change	4	10	25	15	2.94
Problem solving skills/Conflict management	6	11	22	15	2.85
Human relations	7	13	24	10	2.69
Work scheduling	8	13	17	16	2.76
Technical competence	-	-	20	34	3.63

Table 6. Respondents' responses to the level of support and empowerment they receive from management during change implementation

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I always have all the tools I need to perform my role effectively in change management projects	10(18.5%)	17(31.5%)	10(18.5%)	11(3.5%)	6(11.1%)
I receive the necessary training and support to enable me do my job more effectively in periods of change	20(37%)	22(40.7%)	-	10(18.5%)	2(3.7%)
I receive the information I need to carry out my role in change projects	8(14.8%)	22(40.7%)	5(9.3%)	12(22.2%)	7(13%)
I am perceived by top management as a key partner in my organisation's change management projects	18(33.3%)	23(42.6%)	5(9.3%)	5(9.3%)	3(5.6%)